

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	8	←	←	←	←	←
TOTAL CLAIMS	9	████	████	████	████	████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
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TOTAL IND.												
TOTAL DEP.		←	←	←	←	←	←	←	←	←	←	←
TOTAL CLAIMS		████	████	████	████	████	████	████	████	████	████	████